

STATE OF LOUISIANA

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.130

Medical and Remedial
Care and Services
Item 13. d.(cont'd.)

Medication Management is provided to assess or monitor a person's status in relation to treatment with medication, to instruct the consumer, family, significant others or caregivers of the expected effects of therapeutic doses of medications or to administer prescribed medication when ordered by the supervising physician as part of a mental health rehabilitation plan.

Individual Intervention is a range of professionally delivered therapeutic strategies provided individually and face to face to the consumer for the purpose of rehabilitating and restoring the consumer to an optimal level of functioning and to reduce the risk of a more restrictive treatment intervention.

Parent/Family Intervention is a treatment modality using face-to-face verbal interaction between two or more family members or significant others and the therapist/counselor for the purpose of achieving the objectives of identified recipient's rehabilitation plan. Services are directed exclusively to treatment of the recipient.

Group Counseling is a treatment modality using face-to-face, verbal interaction between 2 or more persons and the therapist/counselor to promote emotional, behavioral or psychological change as identified in the rehabilitation plan of each group member.

STATE <u>Louisiana</u>	A
DATE <u>JAN 02 1996</u>	
DATE <u>SEP 12 1996</u>	
DATE <u>DEC 01 1995</u>	
DATE <u>95-53</u>	
HCFA 179	

TN# 95-53 Approval Date 9/12/96 Effective Date 12/1/95

Supersedes

TN#
Att. 3.1-A, Item 13d, pp. 5,5a,6(TN 94-25)
Att. 3.1-A, Item 13d, pp. 7-10 (TN 92-20)
Att. 3.1-A, Item 13d, pp. 11,12,12a(TN 95-18)
Att. 3.1-A, Item 13d, p. 13 (TN 95-49)
Att. 3.1-A, Item 13d, p. 14 (TN 95-10)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
ITEM 13.d. Page 9

STATE OF LOUISIANA

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
440.130 Item 13. d.(cont'd.)

Behavior Intervention Development is the evaluation of a person's behavioral patterns, establishment of reasonable, specific behavioral improvement goals, and compilation of client-specific strategies to be used to reinforce positive advances or discourage inappropriate behavior.

Psychosocial Skills Training (Individual and Group) is training/support, supervised experiential learning, and application of skills to actual and appropriate community settings.

Service Integration includes integrating therapeutic principles and psychosocial skills into the recipient's natural environment and daily routine; implementation of a person's behavior management plan; specialized 1:1 assistance within a group setting; and/or physical management of a person who is engaged in violent or other disruptive behavior.

Supportive Counseling includes services provided to eliminate psychosocial barriers that impede the development or modification of skills necessary to function in the community.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3/31/98</u>	
DATE APPV'D <u>6/23/98</u>	
DATE EFF <u>2/21/98</u>	
HCFA 179 <u>98-08</u>	

D. Service Limitations

Assessment/Service Agreement is limited to one for each period of eligibility, subject to prior approval by the Office of Mental Health.

SERVICE LIMITATIONS ARE NOT APPLICABLE TO EPSDT RECIPIENTS WHEN
SUPPORTED BY MEDICAL NECESSITY

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 14a

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Citation
42CFR
440.140
441 Subpart C

MEDICAL AND REMEDIAL
CARE AND SERVICES
Item 14a (cont.)

Services for individuals age 65 or
older in institutions for mental
diseases are limited as follows:

Coverage is limited to services
provided in Title XVIII certified
psychiatric hospitals enrolled in
Title XIX.

Providers must comply with federal
regualtions and with any Standards
for Payment and licensure and
certification standards promulgated
by the state.ituated individuals.

STATE	<u>LA</u>	A
DATE REC'D	<u>3-31-87</u>	
DATE APPV'D	<u>4-28-87</u>	
DATE EFF	<u>1-1-87</u>	
HCFA 179	<u>87-18</u>	

TN # 87-18 Approval Date 4-28-87 Effective Date 1-1-87
Supersedes
TN # 85-33

MEDICAL ASSISTANCE PROGRAM

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>MEDICAL AND REMEDIAL CARE AND SERVICES</u>	<u>Intermediate Care Facility (ICF) Services other than such services in an institution for mental diseases) for persons determined, in accordance with Section 1902 (a)(31)(A) of the Act, to be in need of such care are limited as follow:</u>
42 CFR		
42 CFR	Item 15.a.	
440.150		

ICF I and II facilities which admit or retain a patient in need of rehabilitative services (physical therapy, speech, language and hearing therapy or occupational therapy) are responsible for arranging for the necessary rehabilitative services. Such services do not include:

- Vocational or developmental evaluations
 - Voice evaluations or voice therapy.
- This includes instructions in use and hygiene of the voice as treatment of vocal cord nodules or hoarseness and related conditions, unless it is serious enough to interfere with normal speech.

EPSDT recipients are excluded from service limits.

The treatment plan for recipients in ICFs must specify services and be prior authorized by the Prior Authorization Unit, Medical Assistance Program in the Bureau of Health Services Financing. The facility must have in effect a written agreement for provision of the required services. Rehabilitative services in an ICF I or II may be provided by Title XVIII certified:

- 1) Rehabilitation centers;
- 2) Hospital outpatient rehabilitation units; or
- 3) Home Health Agencies

STATE <u>Louisiana</u>	A
DATE REC'D <u>JUL - 2 1990</u>	
DATE APPV'D <u>AUG - 1 1991</u>	
DATE EFF <u>APR - 1 1990</u>	
HCFA 179 <u>90-19</u>	

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TN# 89-39

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A
Item 15.a.
Page 2

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>MEDICAL AND REMEDIAL CARE AND SERVICES</u>
42 CFR	
442.343	Item 12.a.cont.
440.150	

There is no limit on the number of Rehabilitation Services that may be provided a recipient in the ICF I or II facility if such services are included in the treatment plan approved by the Prior Authorization Unit, Medical Assistance Program, Bureau of Health Services Financing.

Coverage is limited to services provided in Title XIX certified ICF facilities. Providers must comply with Federal regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.

STATE	<u>LA</u>	A
DATE REC'D	<u>DEC 29 1989</u>	
DATE APPV'D	<u>JAN 26 1990</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 15.b.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>Citation</u>	<u>MEDICAL AND REMEDIAL CARE AND SERVICES</u>	<u>Intermediate Care Facility Services for the mentally retarded or persons with related conditions (ICF/H) are limited as follows:</u>
42 CFR 440.150	Item 15.b.	

Coverage is limited to services provided in Title XIX certified facilities. Providers must comply with Federal Regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.

STATE <u>LA</u>	A
DATE REC'D <u>3-31-87</u>	
DATE APPV'D <u>4-28-87</u>	
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HCFA 177 <u>87-18</u>	

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 16.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>Citation</u>	<u>MEDICAL AND REMEDIAL CARE AND SERVICES</u>	<u>Inpatient Psychiatric Facility Services for individuals under 22 years of age are limited as follows:</u>
42 CFR 441 Subpart D 440.160	Item 16	

Coverage is limited to services
provided in Title XIX certified
psychiatric hospitals.
Providers must comply with
Federal Regulations and with any
Standards for Payment and
licensure and certification
standards promulgated by the
State.

STATE <u>LA</u>	A
DATE REC'D <u>3-31-87</u>	
DATE APPV'D <u>4-28-87</u>	
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STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS:

CITATION MEDICAL AND REMEDIAL
 CARE AND SERVICES
 Item 17

Nurse-midwife services

Descriptions of Services as
Provided are Listed Below:

1. Certified nurse-midwives are defined as registered professional nurses who are currently licensed in Louisiana and are legally authorized to practice midwifery.
2. Certified nurse-midwives must always work as members of physician-directed health care teams.
3. Only the following six (6) services/procedures will be paid to certified nurse-midwives:
 - a. Global obstetrical care, including antepartum care, normal vaginal delivery and postpartum care.
 - b. Uncomplicated vaginal delivery only and in-hospital postpartum care.
 - c. Antepartum care only.
 - d. Postpartum care only.
 - e. Normal newborn care in a hospital; includes examination and a conference with the parent(s).
 - f. Initial history and examination of a newborn.

DATE	<u>LA</u>	A
DATE REC'D	<u>DEC 31 1985</u>	
DATE APPV'D	<u>FEB 4 1986</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 19, Page 1

MOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
1915 (g)
of the Social
Security Act

Medical and Remedial Care and Services
Item 19

I. Definition

Case management is defined as services provided to individuals to assist them in gaining access to the full range of needed services including medical, social, educational, and other support services. The Department utilizes a broker model of case management in which recipients are referred to other agencies for specific services they need. These services are determined by individualized planning with the recipient's family, and other persons/professionals deemed appropriate and provided according to a written comprehensive plan of care which includes measurable person centered outcomes. All case management services must be provided by qualified staff. The provider must ensure that there is no duplication of payment, that there is only one primary case manager for each eligible recipient and that the recipient is not receiving other case management services from any other provider. Procedures are detailed in the Case Management Provider Manual.

II. Services To Be Provided

All Medicaid enrolled case management agencies are required to perform the core elements of intake, assessment, service planning, linkage, follow-up/monitoring, reassessment, transition/closure, and maintenance of records.

In addition, a minimum of one home visit per quarter to each recipient is required. More frequent home visits shall be required to be performed if indicated in the recipient's Comprehensive Plan of Care.

The case management agency is also responsible for monitoring service providers quarterly through telephone monitoring, on-site observation of service visits and review of the service providers' records. The agency must also ensure that the recipient and the service provider are given a copy of the recipient's most current Comprehensive Plan of Care and any subsequent updates.

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STATE	DATE	DATE	DATE	HCFA 179
Louisiana	9-29-99	12-1-99	2-1-99	99-17

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Supersedes
TN# 99-010

**.MOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED**

III. Selection of Case Management Agency

Recipients have the right to select the provider of their case management services from among those available agencies enrolled for participation.

Exceptions are: Recipients who are being transitioned from developmental centers into the MR/DD Waiver Program shall receive case management services through the Office For Citizens With Developmental Disabilities.

Recipients under the age of 21 who require ventilator assisted care may receive case management services through the Children's Hospital Ventilator Assisted Care Program.

For MR/DD case management only: Recipients must be linked to a case management agency for a six month period before they can transfer to another agency unless there is good cause for the transfer. Recipients who fail to initially select a provider will be automatically assigned to an agency. Recipients who are auto-assigned may change once, after 30 days but before 45 days of auto assignment, to an available provider.

IV. Standards For Participation

- A. In order to participate as a case management services provider in the Medicaid Program, an agency must comply with licensure and certification requirements, provider enrollment requirements, case management manual, and when applicable, the specific terms of individual contractual agreements.
- B. Separate enrollment is required for each population and DHH designated region that the agency plans to serve, as well as for each office site it plans to operate. The agency may provide services only in the parishes of the DHH region for which approval has been granted.

V. Discharge

Discharge from a case management agency must occur when the recipient no longer requires services, desires to terminate services, becomes ineligible for services, or chooses to transfer to another case management agency; provided that the recipient has satisfied the requirements of linkage under Section III.

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